Gary Gruver

Committee Name:		
The Mobilization Project		
If registered, FEC ID:		
Today's Date:		
07/15/2013		
Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463		
Re: Form 1, Statement of Organization—Unlimited Contributions		
To Whom It May Concern:		
This committee intends to make independent expenditures, and consistent wit	th	
the U.S. Court of Appeals for the District of Columbia Circuit decision in		
SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts.	This	
	FEC	7.
Respectfully submitted,	MAIL	_
Son R John	CENT	DM 7:
Treasurer's Name:	7	5

, Treasurer

FEC

STATEMENT OF **ORGANIZATION**

- RECEIVED

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FORM 1		OHOANE				2013 JUL 15 Office Use On	PM 2:59
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If ty over the line		12FE4M	Office Use On	CENTER
The Mobiliz	zation Pro	pject					1
			<u> </u>		<u> </u>	1 1 1 1 1	
ADDRESS (number a) Box 34101	1 1 1 1 1 1	1 1	 		
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io onango	•	ashington CITY ▲	1 1 1 1		DC STATE A	20043 	P CODE A
COMMITTEE'S E-MA	AIL ADDRESS						
(Check if a is changed		uvergary@hotmail.co	om I I I I I I I	1 1 1 1	<u> </u>		
	Op bi	tional Second E-Mail Ad yanlştewart06@gn	dress nail.com	1 1 1	1 1 1 1 1		
	Sameur				<u> </u>		
COMMITTEE'S WEB	address I	SS (URL)	1 1 1 1 1	1 1	<u> </u>	1 1 1 1	
•	L		<u> </u>		<u> </u>	1111	
2. DATE 0	7 / 36 ° 6 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7 °	2013					
3. FEC IDENTIFIC	CATION NUMBI	ER ▶ C					
4. IS THIS STATE	MENT X	NEW (N) OR	AM	ENDED (A)			
I certify that I have	examined this Si	atement and to the best	of my knowledg	e and belief it	is true, corre	ct and complete	
Type or Print Name	of Treasurer	ary Gruver	_				
Signature of Treasure	er <i>Gary Gruve</i>	" Son K	Les		Date ()7 15	/ 2013
NOTE: Submission of		or incomplete information CHANGE IN INFORMAT					of 2 U.S.C. §437g.
Office Use Only			Federal 8 Toll Free	ner information c Election Commiss 800-424-9530 2-694-1100			ORM 1 1 06/2012)

	FEC FO	rm 1 (Revised 02/2009)
TYP	E OF C	OMMITTEE
Car	ndidate	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	Connecti	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Nam Cand	ne of didate	
	didate y Affiliati	Office State on Sought: House Senate President District
(c)	ACCURACY.	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Can	e of didate	
Par	ty Cor	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party
Poli	itical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	nt Fund	draising Representative:
(g)	Townson, and the second	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
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FEC Form 1 (Revised 0)	2/2009)	 Page 3
Write or Type Committee Name		
The Mobilization	n Project	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
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<u> </u>		<u> </u>
		<u> </u>
Mailing Address		
	CTATE THE	
		P CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the person in posses	ssion of committee
Gary Gruve		
******	1314 R Street NW	
Mailing Address		<u> </u>
	Washington , DC , 20009	1 1
		<u> </u>
Title or Position	CITY STATE ZIF	PCODE
Treasurer	Telephone number 202 - 42	7 - 4692
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Gary Gruve of Treasurer		<u>:</u>
Mailing Address	1314 R Street NW	1 1 1 1 1
	Washington DC 20009	 -
Title or Position	CITY STATE ZIF	CODE
Treasurer	Telephone number 202 - 427	7 4692

TEU FORT	1 (Revised 02/2009)			Page 4
Full Name of Designated Agent			! ! ! ! ! !	
Mailing Address	<u> </u>		, , , , , , , , , , , , , , , , , , ,	
Mailing Address	1			
	<u> </u>	CITY	STATE	ZIP CODE
Title or Position			,	
	 	Telephone	e number	
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safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Amalgamated Bank 1825 K Street NW Washington		DC STATE	20006 ZIP CODE
safety deposit bo	Amalgamated Bank 1825 K Street NW Washington	CITY	DC STATE	20006 ZIP CODE

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER**

(7/2013)